10/13/2006 11:02

Image# 26960459394

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Amalgamated Life Insurance Company Political Action Committee 730 Broadway ADDRESS (number and street) Check if different than previously New York NY 10003 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00369827 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Χ Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Victoria R. Sartor Type or Print Name of Treasurer Electronically Filed by Victoria R. Sartor 10 13 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Report Covering the Period: From:	7 01 2006	To: 0 9 3 0 2 0 0 6
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Yellow Y		57236.96
(b) Cash on Hand at Begining of Reporting Period	56168.55	
(c) Total Receipts (from Line 19)	3692.17	10623.76
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59860.72	67860.72
Total Disbursements (from Line 31)	6100.00	14100.00
Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	53760.72	53760.72
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on	0.00	
Schedule C and/or Schedule D)		1
This Committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E street, NW	
	Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

From:

Report Covering the Period:

м м 0 7 01

^Y 2 0 0 6

٠,. ا

м м 0 9 ^D 3 0

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. (Contributions (other than loans) From:		
((a) Individuals/Persons Other		
	Than Political Committees	3199.00	5669.00
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	436.00	4785.00
	(iii) TOTAL (add	2005.00	40454.00
	Lines 11(a)(i) and (ii)	3635.00	10454.00
,	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees		
((such as PACs)	0.00	0.00
((d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry	3635.00	10454.00
	Totals to Line 33, page 5)	3033.00	10434.00
2.]	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
		0.00	0.00
3. /	All Loans Received	0.00	0.00
	December 1	0.00	0.00
	_oan Repayments Received Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made		
	to Federal candidates and Other	0.00	0.00
	Political Committees	0.00	0.00
	Other Federal Receipts	57.17	169.76
((Dividends, Interest, etc.)		100.70
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(1)		
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	T. (18)		
	Total Receipts (add Lines 11(d),	3692.17	10623.76
	12, 13, 14, 15, 16, 17, and 18(c))	5552	
.O. 7	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)	3692.17	10623.70

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 14100.00 6100.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 6100.00 14100.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

6100.00

14100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	3635.00	10454.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3635.00	10454.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 48
	EMIZED RECEIPTS		or each category of the	(check only one)
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	Political A	otion Committoo	
/	Amargamated the insurance company	Fullical A	Clion Committee	
۹.	Full Name (Last, First, Middle Initial) Kevin Cleary			Date of Receipt
٦.	Mailing Address 3111 Timothy Road			M M / D D / Y Y Y Y
	·			07 05 2006
	City	State	Zip Code	Transaction ID: SA11A1.7903
	Bellmore	NY	11710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation	n	7
	Company Receipt For:	AVP	e Year-to-Date ▼	_
	Primary General	Aggregate	F Teal-10-Date ▼	1
	Other (specify) ▼	0 0	280.00	
 3.	Full Name (Last, First, Middle Initial) Kevin Cleary			Date of Receipt
	Mailing Address 3111 Timothy Road			M M / D D / Y Y Y Y
	071	01-1-	7'- 0-4-	07 19 2006
	City Bellmore	State NY	Zip Code 11710	Transaction ID: SA11A1.7930
			11710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation	n	
	Company Receipt For:	AVP	Voor to Data	_
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Patrick Parallel
Ĵ.	Kevin Cleary Mailing Address 3111 Timothy Road			Date of Receipt
				08 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.7957
	Bellmore	NY	11710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation AVP	n	
	Company Receipt For:		e Year-to-Date ▼	-
	Primary General	1 1	320.00	1
	Other (specify)		320.00	
S	UBTOTAL of Receipts This Page (optional)			60.00
_				
T	OTAL This Period (last page this line number o	nıy)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{}{}$	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company			Soliot contributions from Such Committee.
Α.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation AVP Aggregate	Zip Code 11710 n e Year-to-Date ▼ 340.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation AVP Aggregate	Zip Code 11710 n e Year-to-Date ▼ 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City Bellmore FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation AVP Aggregate	Zip Code 11710 n e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional))	60.00
T	OTAL This Period (last page this line number o	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 48		
TEMIZED RECEIPTS		or each category of the	(check only one)		
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
Amalgamated Life Insurance Company	Political Ad	tion Committee			
Full Name (Last, First, Middle Initial) A. Kevin Cleary			Date of Receipt		
Mailing Address 3111 Timothy Road			09 27 2006		
City	State	Zip Code	Transaction ID: SA11A1.8061		
Bellmore	NY	11710	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		20.00		
Name of Employer Amalgamated Life Insurance Company	Occupation AVP	1			
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		400.00			
Other (specify)	0 0				
Full Name (Last, First, Middle Initial) 3. Martin R. Cohen			Date of Receipt		
Mailing Address 63 Jefferson Avenue	M M / D D / Y Y Y Y				
City	Zip Code	0 7 0 5 2 0 0 6 Transaction ID: SA11A1.7904			
Islip Terrace	State NY	11752	Amount of Each Receipt this Period		
FEC ID number of contributing					
federal political committee.	C		30.00		
Name of Employer Amalgamated Life Insurance	Occupation				
Company Receipt For:	Chief Act	uary Year-to-Date ▼			
Primary General	, iggi ogalo		1		
Other (specify) ▼		420.00			
Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt		
Mailing Address 63 Jefferson Avenue			07 19 2006		
City	State	Zip Code	Transaction ID: SA11A1.7931		
Islip Terrace	NY	11752	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		30.00		
Name of Employer Amalgamated Life Insurance	Occupation				
Company	Chief Act	uary Year-to-Date ▼	_		
Receipt For: Primary General	Aggregate	TEAT-1U-DAIE ▼	1		
Other (specify) ▼		450.00			
SUBTOTAL of Receipts This Page (optional)			80.00		
22_13.11 2 0. 1.000.pto 11110 1 ago (optional)					

C		[FOR LINE NUMBER: PAGE 9 / 48
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company	Political Ad	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
	Mailing Address 63 Jefferson Avenue			08 02 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.7958
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act	uary	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
В.	Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
	Mailing Address 63 Jefferson Avenue			08 16 2006
	City	State	Zip Code	Transaction ID: SA11A1.7985
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	510.00	
<u> </u>	Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt
	Mailing Address 63 Jefferson Avenue			08 30 YYYYY 2006
	City	State	Zip Code	Transaction ID: SA11A1.8036
	Islip Terrace	NY	11752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		540.00	
s	UBTOTAL of Receipts This Page (optional)			90.00
\vdash				_

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 10 / 48
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
Δ.	winformation against from such Departs and St	otomonto mo	, not be cold or used by any norse	n for the purpose of coliciti	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
\rangle	Amalgamated Life Insurance Company	Political Ad	ction Committee		
Α.	Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt	
	Mailing Address 63 Jefferson Avenue			09 13	2006
	City	State	Zip Code	Transaction ID: SA	
	Islip Terrace	NY	11752	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Chief Act			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		570.00		
	Other (specify)		370.00		
В.	Full Name (Last, First, Middle Initial) Martin R. Cohen			Date of Receipt	
	Mailing Address 63 Jefferson Avenue			09 / 27	2006
	City	State	Zip Code	Transaction ID: SA	
	Islip Terrace	NY	11752	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Amalgamated Life Insurance	Occupation	n		
	Company	Chief Act			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		600.00		
<u> </u>	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt	
	Mailing Address 5933 Palmetto Street			0 7 0 5	2006
	City	State	Zip Code	Transaction ID: SA	11A1.7905
	Philadelphia	PA	19120	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer	Occupation VP	n		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)		300.00		
s	UBTOTAL of Receipts This Page (optional)				80.00
	OTAL Tide Desire I //	-1.)			
1 f	OTAL This Period (last page this line number of	my)			

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 48
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		,,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Amalgamated Life Insurance Company	Political A	ction Committee	
Full Name (Last, First, Middle Initial) A. Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street			07 19 2006
City	State	Zip Code	Transaction ID: SA11A1.7932
<u>Philadelphia</u>	PA	19120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	n	
Receipt For:	1	e Year-to-Date ▼	
Primary General	33 -3		1
Other (specify) ▼	0 0	320.00	
Full Name (Last, First, Middle Initial) 3. Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street			08 02 YYYYY 2006
City	State	Zip Code	Transaction ID: SA11A1.7959
<u>Philadelphia</u>	PA	19120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		340.00	1
☐ Other (specify) ▼	0 0	040.00	
Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
Mailing Address 5933 Palmetto Street			08 16 7 2006
City	State	Zip Code	Transaction ID: SA11A1.7986
<u>Philadelphia</u>	PA	19120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation VP	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	360.00	1
Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			60.00
TOTAL This Period (last page this line number of	only))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/48
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company F	Political Ad	ction Committee	
۹.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
	Mailing Address 5933 Palmetto Street			08 30 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.8037
	<u>Philadelphia</u>	PA	19120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	20.00
	Name of Employer	Occupation VP	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	380.00	
3.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
	Mailing Address 5933 Palmetto Street			09 / 13 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.8011
	Philadelphia	PA	19120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation VP	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
— Э.	Full Name (Last, First, Middle Initial) Patrick J. Coughlan			Date of Receipt
	Mailing Address 5933 Palmetto Street			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.8063
	<u>Philadelphia</u>	PA	19120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation VP	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
s	UBTOTAL of Receipts This Page (optional)		·····	60.00
т.	OTAL This Period (last nage this line number on	(v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 13/48
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 1	11c
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciti solicit contributions from s	ng contributions uch committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	Political A	ction Committee		
۹.	Full Name (Last, First, Middle Initial) Thomas D. Delaney Mailing Address 314 Foster Avenue			Date of Receipt	/ Y Y Y Y Y Y Y 2 0 0 6
	City Sayville	State NY	Zip Code 11782	Transaction ID: SA	11A1.7906
	FEC ID number of contributing federal political committee.	C	11/02	Amount of Each Rec	20.00
	Name of Employer Amalgamated Life Insurance Co. Receipt For: Primary General Other (specify)		es & Mktg e Year-to-Date ▼ 280.00		
3.	Full Name (Last, First, Middle Initial) Thomas D. Delaney Mailing Address 314 Foster Avenue			Date of Receipt	/ Y * Y * Y * Y
	City	State	Zip Code	0 7 1 9 Transaction ID: SA	2 0 0 6 11A1.7933
	Sayville	NY	11782	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amalgamated Life Insurance Co.		es & Mktg		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
).	Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt	
	Mailing Address 314 Foster Avenue			08 / 02	2006
	City Sayville	State NY	Zip Code 11782	Transaction ID: SA Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amalgamated Life Insurance Co.		es & Mktg		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00		
s	UBTOTAL of Receipts This Page (optional)				60.00
T	OTAL This Period (last page this line number or	nly)	→		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 48	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [7.7
Δ,	ny information copied from such Reports and St	atomonte may	, not be sold or used by any perso		17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Amalgamated Life Insurance Company	/ Political A	ction Committee		
\angle					
Δ	Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt	
۸.	Mailing Address 314 Foster Avenue			M M / D D / Y Y Y Y	-
				08 16 2006	
	City	State	Zip Code	Transaction ID: SA11A1.7987	
	Sayville	NY	11782	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.00	
	Name of Employer Amalgamated Life Insurance	Occupation			
	Co. Receipt For:		es & Mktg e Year-to-Date ▼	_	
	Primary General	riggrogate	1 1 1 1 1 1 1	1	
	Other (specify) ▼		340.00		
_					
B	Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt	
υ.	Mailing Address 314 Foster Avenue			M M / D D / Y Y Y Y Y	-
	Maining Address 314 FOSter Avenue			08 30 2006	
	City	State	Zip Code	Transaction ID: SA11A1.8038	
	Sayville	NY	11782	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		20.00	
	federal political committee.				
	Name of Employer Amalgamated Life Insurance	Occupation	n	7	
	Amalgamated Life Insurance Co.	SVP, Sal	es & Mktg		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	360.00		
	Other (specify) ▼		0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)			Date of Bearing	
C.	Thomas D. Delaney Mailing Address 314 Foster Avenue			Date of Receipt	-
	Maining Address 314 Foster Avenue			09 13 2006	
	City	State	Zip Code	Transaction ID: SA11A1.8012	
	Sayville	NY	11782	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		20.00	
	federal political committee.	0			
	Name of Employer Amalgamated Life Insurance	Occupation			
	Co.		es & Mktg		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	380.00		
	Other (specify)		0 0 0 0 0 0 0	1	
s	SUBTOTAL of Receipts This Page (optional)			60.00	
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 48
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	Political A	ction Committee	
Full Name (Last, First, Middle Initial) Thomas D. Delaney			Date of Receipt
Mailing Address 314 Foster Avenue		71.0	09 / 27 / 2006
City <u>Say</u> ville	State NY	Zip Code 11782	Transaction ID: SA11A1.8064 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Amalgamated Life Insurance Co.	Occupation SVP, Sal	n es & Mktg	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford Lane			07 05 7 2006
City	State	Zip Code	Transaction ID: SA11A1.7908
<u>Plainsboro</u>	NJ	08536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		560.00	
Full Name (Last, First, Middle Initial) C. Michael Hirsch			Date of Receipt
Mailing Address 91 Bradford Lane			07 19 2006
City	State	Zip Code	Transaction ID: SA11A1.7935
Plainsboro	NJ	08536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
SUBTOTAL of Receipts This Page (optional)			100.00
TOTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/48	
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Amalgamated Life Insurance Company	Political A	ction Committee		
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt	
Mailing Address 91 Bradford Lane			08 / 02 / Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11A1.7962	
Plainsboro	NJ	08536	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		640.00		
Other (specify) ▼				
Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt	
Mailing Address 91 Bradford Lane				
City	State	Zip Code	Transaction ID: SA11A1.7989	
Plainsboro	NJ	08536	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer Amalgamated Life Insurance	Occupation			
Company Receipt For:	Exec. VP	'-B e Year-to-Date ▼	_	
Primary General	Aggregate		1	
Other (specify) ▼	0 0	680.00		
Full Name (Last, First, Middle Initial) C. Michael Hirsch			Date of Receipt	
Mailing Address 91 Bradford Lane			08 / 30 / Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11A1.8040	
Plainsboro	NJ	08536	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP			
Receipt For:	-	e Year-to-Date ▼	7	
Primary General		720.00	1	
Other (specify) ▼	0 0			
SUBTOTAL of Receipts This Page (optional)			120.00	
TOTAL This Period (last page this line number o	nly)			

0	CHEDIII E A /EEC Form 2V)]		FOR LINE NUMBER: PAGE 17 / 48					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12					
			Detailed Summary Page						
_									
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and ado	r not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
	Amalgamated Life Insurance Company	Political Ad	ction Committee						
Α.	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt					
	Mailing Address 91 Bradford Lane			09 13 7 2006					
	City	State	Zip Code	Transaction ID: SA11A1.8014					
	Plainsboro	NJ	08536	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP	-В						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00						
— В.	Full Name (Last, First, Middle Initial) Michael Hirsch			Date of Receipt					
	Mailing Address 91 Bradford Lane	0 9 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: SA11A1.8066					
	Plainsboro	NJ	08536	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		40.00					
	Name of Employer Amalgamated Life Insurance Company	Occupation Exec. VP	-В						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary ☐ General Other (specify) ▼	0 0	800.00]					
<u> </u>	Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara			Date of Receipt					
	Mailing Address 42 Center Court			07 05 YYYYY 2006					
	City	State	Zip Code	Transaction ID: SA11A1.7909					
	Roslyn Heights	NY	11577	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Amalgamated Life Insurance Company Receipt For:		n ce President Year-to-Date ▼						
	Primary General Other (specify) ▼		560.00						
s	UBTOTAL of Receipts This Page (optional)			120.00					
\vdash				_					

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 48
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
	·· - · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any inforr or for com	nation copied from such Reports and Stat Imercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full)			
Amal	gamated Life Insurance Company I	Political Ad	ction Committee	
_	ame (Last, First, Middle Initial) e Jarvis-Meara			Date of Receipt
Mailing	Address 42 Center Court			07 19 7 2006
City	. 11.2.14.	State	Zip Code	Transaction ID: SA11A1.7936
	n Heights	NY	11577	Amount of Each Receipt this Period
	O number of contributing political committee.	C		40.00
Name Amalg Comp	of Employer amated Life Insurance	Occupation Senior Vi	n ce President	
Receip		Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		600.00	
Full Na	ame (Last, First, Middle Initial)			'
	e Jarvis-Meara			Date of Receipt
iviaiiiriç	Address 42 Center Court			08 02 2006
City		State	Zip Code	Transaction ID: SA11A1.7963
Rosly	<u>rn Heights</u>	NY	11577	Amount of Each Receipt this Period
	O number of contributing political committee.	С		40.00
Name Amalo	of Employer amated Life Insurance	Occupation		
Comp	any		ce President Year-to-Date ▼	_
Receip	Primary General	Aggregate	rear-to-Date ▼	
	Other (specify) ▼		640.00	
_	ame (Last, First, Middle Initial) e Jarvis-Meara			Date of Receipt
Mailing	Address 42 Center Court			08 16 2006
City		State	Zip Code	Transaction ID: SA11A1.7990
	n Heights	NY	11577	Amount of Each Receipt this Period
	O number of contributing I political committee.	C		40.00
Name Amalo	of Employer amated Life Insurance	Occupation		
<u>Comp</u>	any		ce President	-
Receip	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		680.00	
SUBTOT	**TAL of Receipts This Page (optional)			120.00
			·	
TOTAL	This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 48					
ITEMIZED RECEIPTS	•	or each category of the	(check only one)					
II EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Amalgamated Life Insurance Compa	any Political A	ction Committee						
Full Name (Last, First, Middle Initial) A. Jeanne Jarvis-Meara			Date of Receipt					
Mailing Address 42 Center Court	Mailing Address 42 Center Court							
City	State	Zip Code	Transaction ID: SA11A1.8041					
Roslyn Heights	NY	11577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		40.00					
Name of Employer Amalgamated Life Insurance Company		ice President						
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General		720.00	7					
Other (specify)	0 0	720.00						
Full Name (Last, First, Middle Initial) B. Jeanne Jarvis-Meara			Date of Receipt					
Mailing Address 42 Center Court	09 13 2006							
City	State	Zip Code	Transaction ID: SA11A1.8015					
Roslyn Heights	NY	11577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		40.00					
Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General		ice President e Year-to-Date ▼						
Other (specify) ▼		760.00						
Full Name (Last, First, Middle Initial) C. Jeanne Jarvis-Meara	•		Date of Receipt					
Mailing Address 42 Center Court			09 / 27 / 2006					
City	State	Zip Code	Transaction ID: SA11A1.8067					
Roslyn Heights	NY	11577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		40.00					
Name of Employer Amalgamated Life Insurance Company	Amalgamated Life Insurance Company Senior Vice President							
Receipt For:	Aggregate	e Year-to-Date ▼	_					
Primary General	' '	800.00	7					
Other (specify) ▼	0 0	000.00	1					
SUBTOTAL of Receipts This Page (optional)			120.00					
- 1212112 S. Hoosiple Hillo Lago (optional)								

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 20 / 48					
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)					
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
Δ	ny information copied from such Reports and Sta	ntomonte may	y not be cold or used by any perce						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
\rangle	Amalgamated Life Insurance Company	Political Ad	ction Committee						
Α.	Full Name (Last, First, Middle Initial) Lawrence Kleinman			Date of Receipt					
	Mailing Address 340 West 28th Street			07					
	City	State	Zip Code	Transaction ID: SA11A1.7911					
	New York	NY	10001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		15.00					
	Name of Employer Amalgamated Life Insurance Company	Occupation Manager-	В						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00						
— В.	Full Name (Last, First, Middle Initial) Lawrence Kleinman			Date of Receipt					
	Mailing Address 340 West 28th Street			07 19 2006					
	City	State	Zip Code	Transaction ID: SA11A1.7938					
	New York	NY	10001	Amount of Each Receipt this Period					
			10001						
	FEC ID number of contributing federal political committee.	C		15.00					
	Name of Employer Amalgamated Life Insurance	Occupation	1	7					
	Company	Manager-							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	225.00						
<u> </u>	Full Name (Last, First, Middle Initial) Lawrence Kleinman			Date of Receipt					
	Mailing Address 340 West 28th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: SA11A1.7965					
	New York	NY	10001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		15.00					
	Name of Employer Amalgamated Life Insurance Company Receipt For:	Occupation Manager-							
	Primary General Other (specify) ▼	Aggregate	240.00						
s	UBTOTAL of Receipts This Page (optional)			45.00					
				1					

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 48
ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
Ar	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and a	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$ \rangle$	Amalgamated Life Insurance Company Political	Action Committee	
	7 maigamatod Ene modraneo company i emicar	, idea of the second of the se	
_	Full Name (Last, First, Middle Initial)		
A.	Lawrence Kleinman		Date of Receipt
	Mailing Address 340 West 28th Street		08 16 2006
	City State	Zip Code	Transaction ID: SA11A1.7992
	New York NY	10001	Amount of Each Receipt this Period
		10001	Afflount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Occupa	tion	
	Amalgamated Life Insurance Company Manag	er-B	
		ate Year-to-Date ▼	
	Primary General	255.00	1
	Other (specify)	255.00	
В.	Full Name (Last, First, Middle Initial) Lawrence Kleinman		Date of Receipt
	Mailing Address 340 West 28th Street		M M / D D / Y Y Y Y
	With the second of the second		08 30 2006
	City State	Zip Code	Transaction ID: SA11A1.8043
	New York NY	10001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		15.00
	federal political committee.		13.00
	Name of Employer Occupa	tion	-
	Name of Employer Amalgamated Life Insurance Company Occupa Manag		
	Outpairy	ate Year-to-Date ▼	
	Primary General	070.00	1
	Other (specify) ▼	270.00	
C	Full Name (Last, First, Middle Initial) Lawrence Kleinman		Date of Receipt
٥.	Mailing Address 340 West 28th Street		M M / D D / Y Y Y Y
			09 13 2006
	City State	Zip Code	Transaction ID: SA11A1.8017
	New York NY	10001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		15.00
	federal political committee.		
	Name of Employer Occupa	tion	
	Amalgamated Life Insurance Company Manag	er-B	
		ate Year-to-Date ▼	
	Primary General	285.00	1
	Other (specify) ▼	283.00	
s	UBTOTAL of Receipts This Page (optional)		45.00
\vdash	. ,		
т	OTAL This Period (last page this line number only)		

S

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 22 / 48									
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		(check only one) X 11a 11b 11c 12									
					11a 13	Н	11b	Н	11c 15	Н	12 16		1 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persoress of any political committee to	on for	the pur	pose	of so	licitir m su	ig coi	ntrib	utions	;	1 ''
\setminus	NAME OF COMMITTEE (In Full)												
\rangle	Amalgamated Life Insurance Company	Political Ac	tion Committee										
Α.	Full Name (Last, First, Middle Initial) Lawrence Kleinman				Date o	f Re	ceipt						
	Mailing Address 340 West 28th Street				0 9	/	2	^D /	Y		0 0		
	City	State	Zip Code		Transa	ctio	n ID:	SA1	1A1				
	New York	NY	10001		Amou	nt of	Each	Rece	eipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С									15.0	0	
	Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	Occupation Manager- Aggregate											
В.	Full Name (Last, First, Middle Initial) Arthur M. Kurek				Date o	of Re	ceipt						
	Mailing Address 10 Claremont Avenue						0	5 /	Y	_ 2	0 0		
	City	State	Zip Code		Transa								
	Bloomfield	NJ	07003	_	Amou	nt of	Each	Rece	eipt th	iis P	eriod	_	_
	FEC ID number of contributing federal political committee.	C									40.0	0	
	Name of Employer Amalgamated Life Insurance	Occupation											
	Company		ce President										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 560.00										
<u> </u>	Full Name (Last, First, Middle Initial) Arthur M. Kurek				Date o	of Re	ceipt						
	Mailing Address 10 Claremont Avenue				0 7	/		^D /	Y		0 0		
	City	State	Zip Code		Transa	ctio	n ID:	SA1	1A1	.793	39		
	Bloomfield	NJ	07003		Amoui	nt of	Each	Rece	eipt th	is P	eriod		_
	FEC ID number of contributing federal political committee.					_			40.0	0			
	Name of Employer Amalgamated Life Insurance Company												
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		*		•		-	95.0	0	

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 23 / 48					
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)					
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
Δ,	ny information copied from such Reports and Sta	ntomonto mov	y not be cold or used by any perce						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
\rangle	Amalgamated Life Insurance Company	Political Ad	ction Committee						
Α.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt					
	Mailing Address 10 Claremont Avenue			08 02 2006					
	City	State	Zip Code	Transaction ID: SA11A1.7966					
	Bloomfield	NJ	07003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer	Occupation	1	7					
	Amalgamated Life Insurance Company		ce President						
	Receipt For:	Aggregate	Year-to-Date						
	Primary General	' '	640.00	7					
	Other (specify)		040.00						
— В	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt					
٥.	Mailing Address 10 Claremont Avenue	M M / D D / Y Y Y Y							
	To dia cition 7 Worldo	08 16 2006							
	City	State	Zip Code	Transaction ID: SA11A1.7993					
	Bloomfield	NJ	07003	Amount of Each Receipt this Period					
	FEC ID number of contributing			40.00					
	federal political committee.	C		40.00					
	Name of Employer Amalgamated Life Insurance	Occupation	1	7					
	Amalgamated Life Insurance Company	Senior Vi	ce President						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		680.00	1					
	Other (specify)		000.00]					
_	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt					
٥.	Mailing Address 10 Claremont Avenue			M M / D D / Y Y Y Y					
				08 30 2006					
	City	State	Zip Code	Transaction ID: SA11A1.8044					
	Bloomfield	NJ	07003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		40.00					
	Name of Employer	Occupation	1	Ⅎ					
	Amalgamated Life Insurance		ce President						
	Company Receipt For:		Year-to-Date ▼	7					
	Primary General	33. 384.0		1					
	Other (specify) ▼		720.00						
				4					
s	UBTOTAL of Receipts This Page (optional)			120.00					
\vdash	1			-					

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 24 / 48				
•		Use separate schedule(s) or each category of the		(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
_				13 14 15 16 17				
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the na	ame and add	iress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	Amalgamated Life Insurance Company	Political Ad	ction Committee					
A.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt				
	Mailing Address 10 Claremont Avenue			09 13 2006				
	City	State	Zip Code	Transaction ID: SA11A1.8018				
	Bloomfield	NJ	07003	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Amalgamated Life Insurance	Occupation Senior Vi	ce President					
	Company Receipt For:		Year-to-Date ▼					
	Primary General	33 -3		1				
	Other (specify) ▼		760.00					
В.	Full Name (Last, First, Middle Initial) Arthur M. Kurek			Date of Receipt				
	Mailing Address 10 Claremont Avenue			09 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.8070				
	Bloomfield	NJ	07003	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer Amalgamated Life Insurance	Occupation	n ce President					
	Company Receipt For:		Year-to-Date ▼					
	Primary General	Aggregate	Total to Date V	1				
	Other (specify) ▼		800.00					
<u> </u>	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt				
	Mailing Address 84 Boulder Ridge Road	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O						
	City	State	Zip Code	Transaction ID: SA11A1.7913				
	Scarsdale	NY	10583	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		20.00				
	Name of Employer Amalgamated Life Insurance Company	Occupation President						
	Receipt For:	I	Year-to-Date ▼					
	Primary General		000.00	1				
	Other (specify) ▼		280.00					
				100.00				
s	UBTOTAL of Receipts This Page (optional)			100.00				
\vdash			·					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 48						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
			Detailed Summary Page	X 11a						
_				13 14 15 16 17						
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
\rangle	Amalgamated Life Insurance Company F	Political A	ction Committee							
Α.	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt						
	Mailing Address 84 Boulder Ridge Road			07 19 2006						
	City	State	Zip Code	Transaction ID: SA11A1.7940						
	Scarsdale	NY	10583	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Amalgamated Life Insurance Company	Occupation President								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	1 1	200.00	1						
	Other (specify) ▼		300.00							
В.	Full Name (Last, First, Middle Initial) Claire Levitt-Davis	Date of Receipt								
	Mailing Address 84 Boulder Ridge Road	08 02 7 2006								
	City	State	Zip Code	Transaction ID: SA11A1.7967						
	Scarsdale	NY	10583	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Amalgamated Life Insurance Company	Occupation President								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General			1						
	Other (specify) ▼		320.00							
<u> </u>	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt						
	Mailing Address 84 Boulder Ridge Road		08 16 2006							
	City	State	Zip Code	Transaction ID: SA11A1.7994						
	Scarsdale	NY	10583	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Amalgamated Life Insurance Company	Occupation President								
	Receipt For:		Year-to-Date ▼	7						
	Primary General	33 0		1						
	Other (specify) ▼		340.00							
s	UBTOTAL of Receipts This Page (optional)			60.00						

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 48
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or i	y information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company F	Political Ad	ction Committee	
_	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Road			08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.8045
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	
_	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Road	09 13 7 2006		
	City	State	Zip Code	Transaction ID: SA11A1.8019
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company	President		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		380.00	
) .	Full Name (Last, First, Middle Initial) Claire Levitt-Davis			Date of Receipt
	Mailing Address 84 Boulder Ridge Road			09 / 27 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.8071
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company	President		-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		400.00	
SI	JBTOTAL of Receipts This Page (optional)			60.00
т/	DTAL This Period (last page this line number onl	v)		
	ATE THIS I CHOO (TOST PAYE THIS THE HUTTIDE OF I	y /	······································	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 27 / 48		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	Amalgamated Life Insurance Company	Political Ad	ction Committee			
Α.	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt		
	Mailing Address 24 Burling Avenue			07 05 7 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7916		
	White Plains	NY	10605	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer Amalgamated Life Insurance Company	Occupation President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		560.00	7		
	Other (specify)	0 0	300.00			
В.	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt		
	Mailing Address 24 Burling Avenue	07 19 2006				
	City	•				
	White Plains	NY	10605	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer Amalgamated Life Insurance	Occupation				
	Company	President				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_		
	Primary General Other (specify) ▼		600.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt		
	Mailing Address 24 Burling Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.7970		
	White Plains	NY	10605	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer Amalgamated Life Insurance Company	Occupation President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		640.00			
s	UBTOTAL of Receipts This Page (optional)			120.00		
\vdash						
т	OTAL This Period (last page this line number or					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 48
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company I	Political A	ction Committee	
۹.	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			08 / 16 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.7997
	White Plains	NY	10605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		690.00	
	Other (specify) ▼	0 0	680.00	
3.	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			08 / 30 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.8048
	White Plains	NY	10605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company	President		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		720.00	
	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			M M / D D / Y Y Y Y
				09 13 2006
	City White Plains	State NY	Zip Code	Transaction ID: SA11A1.8022
	White Plains	INY	10605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Amalgamated Life Insurance	Occupation President		
	Company Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		
	Other (specify) ▼		760.00	
s	UBTOTAL of Receipts This Page (optional)			120.00
			<u> </u>	
Т	OTAL This Period (last page this line number on	ly)	>	

		_		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 48 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company F	Political Ad	ction Committee	
۹.	Full Name (Last, First, Middle Initial) Ronald Minikes			Date of Receipt
	Mailing Address 24 Burling Avenue			09 / 27 / 4 2006
	City	State	Zip Code	Transaction ID: SA11A1.8074
	White Plains	NY	10605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Amalgamated Life Insurance Company	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00]
 3.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.7919
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amlagamated Life Insurance	Occupation		
	Company Receipt For:	Average A	e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	280.00	
Э.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			07 19 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.7946
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amlagamated Life Insurance	Occupation		
	Company	AVP Acc	ounting Year-to-Date V	
	Receipt For: Primary General Other (specify) ▼	Aggregate	300.00	
s	UBTOTAL of Receipts This Page (optional)			80.00
			<u> </u>	
T	OTAL This Period (last page this line number only	y)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 48
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	EIWIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Amalgamated Life Insurance Company Pol	litical Ac	tion Committee	
A.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			08 02 2006
	•	State	Zip Code	Transaction ID: SA11A1.7973
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Amlagamatod Life Incurance	ccupation VP Acco		
		ggregate	Year-to-Date ▼	
	Primary General	-	320.00	1
	Other (specify) ▼	0 0	320.00	
В.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
Ь.	Mailing Address 68 Mitchell Avenue			M M / D D / Y Y Y Y
	Walling Address Oo WillChell Avenue			08 16 2006
	City	State	Zip Code	Transaction ID: SA11A1.7998
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Amlagamatad Lifa Inguranga	ccupation		
	Company	VP Acco		
		ggregate	Year-to-Date ▼	
	Primary General	1 1	340.00	
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt
	Mailing Address 68 Mitchell Avenue			08 / 30 / 2006
		State	Zip Code	Transaction ID: SA11A1.8050
	Piscataway	NJ	08854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	ccupation	1	
	Company	VP Acco		
		nggregate	Year-to-Date ▼	
Primary General		-	360.00	1
	Other (specify) ▼		000.00	1
S	UBTOTAL of Receipts This Page (optional)			60.00
\vdash	Crite of Mossiple Tille Lage (optional)			-
Ι,	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 31 / 48
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
			Detailed Summary Page	X 11a 11b	11c 12 15 16 17
۸۰	w information applied from quab Paparta and St	totomonto mo	reat he cold or wood by any norce	13 14	
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	Amalgamated Life Insurance Company	/ Political Ad	ction Committee		
Α.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt	
	Mailing Address 68 Mitchell Avenue		7.0	09 / 13	2006
	City	State	Zip Code	Transaction ID: SA	
	Piscataway	NJ	08854	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amlagamated Life Insurance Company	Occupation AVP Acc			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		380.00	1	
	Other (specify) ▼		380.00		
В.	Full Name (Last, First, Middle Initial) William Porozok			Date of Receipt	
	Mailing Address 68 Mitchell Avenue			09 / 27	2006
	City	State	Zip Code	Transaction ID: SA	\11A1.8076
	Piscataway	NJ	08854	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amlagamated Life Insurance	Occupation	า		
	Company	AVP Acc			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		400.00		
	Other (specify)				
C.	Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt	
	Mailing Address 117 Burke Place			0 7 0 5	2006
	City	State	Zip Code	Transaction ID: SA	A11A1.7920
	Paramus	NJ	07652	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP, Finar	n nce Reporting		
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			400.00	1	
Other (specify) ▼			420.00		
s	UBTOTAL of Receipts This Page (optional)				70.00
\vdash		-			
T	OTAL This Period (last page this line number of				

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 48
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Statements m	ay not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and a	ddress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
/	Amalgamated Life Insurance Company Political	Action Committee	_
۹.	Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
	Mailing Address 117 Burke Place		07 19 2006
	City State	Zip Code	Transaction ID: SA11A1.7947
	<u>Paramus</u> NJ	07652	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Amalgamated Life Insurance		1
	Company VP, FIN	ance Reporting	_
	Receipt For: Primary General Aggrega	te Year-to-Date ▼	
	Other (specify) ▼	450.00	
3.	Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
	Mailing Address 117 Burke Place	08 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State	Zip Code	Transaction ID: SA11A1.7974
	<u>Paramus</u> NJ	07652	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Occupati Amalgamated Life Insurance VP Fin		
	Company VF, FIII	ance Reporting	
	Receipt For: Aggrega Primary General	te Year-to-Date ▼	
	Other (specify) ▼	480.00	
_	Full Name (Last, First, Middle Initial) Victoria R. Sartor		Date of Receipt
٠.	Mailing Address 117 Burke Place		M M / D D / Y Y Y Y
			08 16 2006
	City State	Zip Code	Transaction ID: SA11A1.7999
	<u>Paramus</u> NJ	07652	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Amalgamated Life Insurance Occupati	on	7
	Company VP, FIII	ance Reporting	
		te Year-to-Date ▼	
	Primary General Other (specify) ▼	510.00	
s	UBTOTAL of Receipts This Page (optional)		90.00
_	OTAL This Period (last nage this line number only)		
- 1	LILAL LINE PARIOR (19ST NORD THIS INA NUMBER ONLY)	•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 33 / 48
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of so solicit contributions fro	ontributions om such committee.
	NAME OF COMMITTEE (In Full)		7,		
$ \rangle$	Amalgamated Life Insurance Company	Political Ad	ction Committee		
\angle				1	
A.	Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt	
	Mailing Address 117 Burke Place				30 Y Y Y Y Y Y Y Z O O 6
	City	State	Zip Code		
	Paramus	NJ	07652	Transaction ID:	
		INU	07032	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Amalgamated Life Insurance	Occupation			
	Company Receipt For:	-	nce Reporting Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-Date ▼		
	Other (specify)		540.00		
				'	
В.	Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt	
	Mailing Address 117 Burke Place				3 2006
	City	State	Zip Code	Transaction ID:	
	Paramus	NJ	07652		Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	7 tillount of Each	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			30.00
	Name of Employer	Occupation	1	┪	
	Amalgamated Life Insurance Company	VP, Finar	nce Reporting		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		570.00		
	Other (specify) 🔻	0 0	370.00		
<u>С</u> .	Full Name (Last, First, Middle Initial) Victoria R. Sartor			Date of Receipt	
	Mailing Address 117 Burke Place			M M / D	D / Y Y Y Y
				0 9 2	2006
	City	State	Zip Code	Transaction ID:	SA11A1.8077
	Paramus	NJ	07652	Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee.		C			30.00
	Name of Employer	Occupation	1	7	
	Amalgamated Life Insurance Company	VP, Finar	nce Reporting		
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			600.00		
			000.00		
Г	L				90.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		30.00
_	OTAL This Pariod (last page this line number of	alv)			
1 1	OTAL This Period (last page this line number or	ш у)			

				_
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 48
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			2 otalioù calillia y l'ago	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company F	Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street	07 05 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7921
	Staten Island	NY	10307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company Receipt For:	•	Year-to-Date ▼	
	Primary General	33 -5		1
	Other (specify) ▼		280.00	
В.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street	07 19 2006		
	City	State	Zip Code	Transaction ID: SA11A1.7948
	Staten Island	NY	10307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company Receipt For:	.	Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street			08 02 YYYYY 08 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.7975
	Staten Island	NY	10307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation		
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		320.00	
s	UBTOTAL of Receipts This Page (optional)			60.00
—	<u> </u>		<u>*</u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 35 / 48
ITEMIZED RECEIPTS			or each category of the	(check only one)	🗖
•			Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting	a contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	ch committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	Amalgamated Life Insurance Company	Political A	ction Committee		
۹.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt	
	Mailing Address 130 Aspinwall Street			08 / 16	2006
	City	State	Zip Code	Transaction ID: SA1	
	Staten Island	NY	10307	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation Corporate			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		340.00	1	
	Other (specify) ▼		0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt	
	Mailing Address 130 Aspinwall Street			08 / 30	2006
	City	State	Zip Code	Transaction ID: SA1	1A1.8052
	Staten Island	NY	10307	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	С			20.00
	Name of Employer Amalgamated Life Insurance	Occupation			
	Company	Corporate			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify) ▼	0 0	360.00		
).	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt	
	Mailing Address 130 Aspinwall Street			09 / 13	2006
	City	State	Zip Code	Transaction ID: SA1	
	Staten Island	NY	10307	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amalgamated Life Insurance	Occupation			
	Company	Corporate		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	380.00		
				1	
s	UBTOTAL of Receipts This Page (optional)				60.00
_	OTAL This Period (last page this line number or	alv)			
- 1	VIAL THIS I CHOU (IAST PAYE THIS HITE HUTTIDE! OF	п у)	···········		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 48 (check only one) X 11a 11b 11c 12
۸۳	ny information copied from such Reports and State	omonte may		13 14 15 16 17
or	for commercial purposes, other than using the na	me and add	ress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company F	Political Ac	ction Committee	
۹.	Full Name (Last, First, Middle Initial) Mark Schwartz			Date of Receipt
	Mailing Address 130 Aspinwall Street			09 27 2006
	City Staten Island	State NY	Zip Code 10307	Transaction ID: SA11A1.8078 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10307	20.00
	Name of Employer Amalgamated Life Insurance Company Receipt For: Primary Other (specify) ▼	Occupation Corporate Aggregate		
3.	Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue			Date of Receipt 0 7 1 9 2 0 0 6
	City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11A1.7949 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00054	14.00
	Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)		Fund & Pool Year-to-Date ▼ 210.00	
).	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Piscataway	State NJ	Zip Code 08854	Transaction ID: SA11A1.7976 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	14.00
	Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼		Fund & Pool Year-to-Date ▼ 224.00	
s	UBTOTAL of Receipts This Page (optional)		·····	48.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37/48
ITEMIZED RECEIPTS	-	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using t	he name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Amalgamated Life Insurance Compa	any Political A	ction Committee	_
Full Name (Last, First, Middle Initial) 4. Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			08 16 2006
City	State	Zip Code	Transaction ID: SA11A1.8001
Piscataway	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer	Occupation	n	
Amalgamated Lîfe Insurance Company	Exec. Dir	. Fund & Pool	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		238.00	1
Other (specify) ▼	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) 3. Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			08 30 7 2006
City	State	Zip Code	Transaction ID: SA11A1.8053
Piscataway	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer Amalgamated Life Insurance	Occupation		
<u>Company</u>		r. Fund & Pool	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		252.00	
Ctrior (opeony)	0 0		
Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
Mailing Address 12 Bev Avenue			M M / D D / Y Y Y Y
011	C: :	7'- 0-4-	09 13 2006
City Piscataway	State	Zip Code	Transaction ID: SA11A1.8027
	NJ	08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer Amalgamated Life Insurance	Occupation		
Company		: Fund & Pool	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		266.00	
Calor (appenis) \	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			42.00
TOTAL This Period (last page this line numb	er only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company F	Political Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Lee Souksay			Date of Receipt
	Mailing Address 12 Bev Avenue			09 / 27 / 2006
	City	State NJ	Zip Code	Transaction ID: SA11A1.8079
	Piscataway FEC ID number of contributing federal political committee.	C	08854	Amount of Each Receipt this Period 14.00
	Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼		Fund & Pool Year-to-Date ▼ 280.00	
3.	Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA			Date of Receipt 0 7 0 5 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.7923
	Brooklyn FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period 30.00
	Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 420.00	
- C.	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt
	Mailing Address 25 South Eliott PA			07 19 2006
	City Brooklyn	State NY	Zip Code 11217	Transaction ID: SA11A1.7950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional)			74.00
	,			

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 39 / 48
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c
۸	information and them are to be			13 14	15 16 17
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from	such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	Amalgamated Life Insurance Company	Political Ad	ction Committee		
۹.	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt	
	Mailing Address 25 South Eliott PA			08 / 02	2006
	City	State	Zip Code	Transaction ID: SA	
	Brooklyn	NY	11217	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		480.00		
	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt	
-	Mailing Address 25 South Eliott PA			M M / D D D D D D D D D D D D D D D D D	2006
	City	State	Zip Code	Transaction ID: SA	A11A1.8002
	Brooklyn	NY	11217	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		510.00		
	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt	
	Mailing Address 25 South Eliott PA			08 / 30	2006
	City	State	Zip Code	Transaction ID: SA	
	Brooklyn	NY	11217	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		540.00		
s	UBTOTAL of Receipts This Page (optional)				90.00
	·		<u> </u>		
T	OTAL This Period (last page this line number on	ly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 40 / 48
ΙT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b	11c
			Detailed Summary Page	13 110 1	15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciti	ng contributions
	NAME OF COMMITTEE (In Full)	arie ariu auc	aress or arry political committee to	Solicit Contributions from s	uch committee.
\rangle	Amalgamated Life Insurance Company	Political Ad	ction Committee		
۹.	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt	
	Mailing Address 25 South Eliott PA			09 / 13	2006
	City	State	Zip Code	Transaction ID: SA	
	Brooklyn	NY	11217	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP	ו		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		570.00		
3.	Full Name (Last, First, Middle Initial) Thomas G. Thompson			Date of Receipt	
	Mailing Address 25 South Eliott PA			09 / 27	2006
	City	State	Zip Code	Transaction ID: SA	
	Brooklyn	NY	11217	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Amalgamated Life Insurance Company	Occupation VP	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		600.00		
 C.	Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt	
	Mailing Address 9 Lockwood Lane			07 05	2006
	City	State	Zip Code	Transaction ID: SA	
	Closter	NJ	07624	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Final			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		280.00		
s	UBTOTAL of Receipts This Page (optional)				80.00
_	OTAL This Deviced (less name this line number or	lv)			
- 1	OTAL This Period (last page this line number on	ıy)	.		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 48
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Amalgamated Life Insurance Company	Political Ad	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
	Mailing Address 9 Lockwood Lane			07 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.7951
	Closter	NJ	07624	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance Company	Occupation AVP Fina		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Rosanne Tralongo			Date of Receipt
	Mailing Address 9 Lockwood Lane			08 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.7978
	Closter	NJ	07624	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation	า	
	Company	AVP Fina		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	320.00	1
	Other (specify)	0 0	020.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
U.	Rosanne Tralongo Mailing Address 9 Lockwood Lane			Date of Receipt
	Walling Address 9 LOCKWOOD Larie			08 16 2006
	City	State	Zip Code	Transaction ID: SA11A1.8003
	Closter	NJ	07624	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company	AVP Fina		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		340.00	
	Other (specify)	-		1
_	UDTOTAL (D. 11. TIL D. 11. II.			60.00
L	UBTOTAL of Receipts This Page (optional)			
1				

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company I	Political A	ction Committee	
A.	Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State NJ C Occupation AVP Fina Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)	State NJ C Occupation AVP Fina Aggregate		Date of Receipt M M M / D D J 2006 Transaction ID: SA11A1.8029 Amount of Each Receipt this Period 20.00
- .	Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter FEC ID number of contributing federal political committee. Name of Employer Amalgamated Life Insurance Company, Receipt For: Primary General Other (specify)	State NJ C Occupation AVP Fina Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			60.00
Т	OTAL This Period (last page this line number on	ılv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 48 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company	Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt
	Mailing Address 64 Thornton Street			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11A1.7925
	Lawrence	MA	01841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance Company		- AD. Service	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
В.	Full Name (Last, First, Middle Initial) Elizabeth Veloso Mailing Address 64 Thornton Street			Date of Receipt
		Ctata	7:- O-d-	07 19 2006
	City	State MA	Zip Code	Transaction ID: SA11A1.7952
	Lawrence	IVIA	01841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company		AD. Service	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		300.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt
	Mailing Address 64 Thornton Street			08 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.7979
	Lawrence	MA	01841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Amalgamated Life Insurance	Occupation		
	Company		- AD. Service	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		320.00	
s	UBTOTAL of Receipts This Page (optional)			60.00
Ļ	OTAL This Period (last nage this line number o	nnly)	,	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 48
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Amalgamated Life Insurance Company P	Political Ad	ction Committee	
Α.	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt
	Mailing Address 64 Thornton Street			08 / 16 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.8004
	Lawrence	MA	01841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Amalgamated Life Insurance	Occupation	AD. Service	
	Company Receipt For:		Year-to-Date ▼	
	Primary General	riggrogato	real to Bate V	
	Other (specify) ▼		340.00	
В.	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt
	Mailing Address 64 Thornton Street			08 30 YYYYY 2006
	City	State	Zip Code	Transaction ID: SA11A1.8056
	Lawrence	MA	01841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupation	1	
	Amalgamated Life Insurance	•	AD. Service	
	Company Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0	Tour to Date (1
	Other (specify) ▼		360.00	
<u> </u>	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt
	Mailing Address 64 Thornton Street			0 9 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.8030
	Lawrence	MA	01841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Amalgamated Life Incurance	Occupation Director -	AD. Service	
	Receipt For:		Year-to-Date ▼	1
	Primary General	.ag. agaic		1
	Other (specify) ▼		380.00	
				60.00
S	UBTOTAL of Receipts This Page (optional)			00.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 48						
	EMIZED RECEIPTS		or each category of the	(check only one)						
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7					
Δn	y information copied from such Reports and Stat	omonte may	y not be cold or used by any perso		-					
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.						
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
\rangle	Amalgamated Life Insurance Company F	Political Ad	ction Committee							
۹.	Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt						
	Mailing Address 64 Thornton Street			09 / 27 / 4 2006						
	City	State	Zip Code	Transaction ID: SA11A1.8082						
	Lawrence	MA	01841	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Amalgamated Life Insurance Company	Occupation Director -	n AD. Service							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		400.00							
	Other (specify) ▼	0 0	400.00							
3.	Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt						
	Mailing Address 49-10 Scarborough Stree	et		07 05 7 2006						
	City	State	Zip Code	Transaction ID: SA11A1.7926						
	Freehold	NJ	07728	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer Amalgamated Life Insurance	Occupation								
	Company	Sr. Vice I		4						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		280.00							
).	Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt						
	Mailing Address 49-10 Scarborough Stree	et		07 19 2006						
	City	State	Zip Code	Transaction ID: SA11A1.7953						
	Freehold	NJ	07728	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer Amelographical Life Incurance			7							
	Amalgamated Lîfe Insurance Company	Sr. Vice I								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	' '	300.00							
	Curior (specify) \(\Phi\)		0 0 0 0 0 0 0							
SI	UBTOTAL of Receipts This Page (optional)			60.00						
т	OTAL This Period (last page this line number on	ly))							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 48						
	EMIZED RECEIPTS		or each category of the	(check only one)						
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17						
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions						
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
/	Amalgamated Life Insurance Company F	Political Ad	ction Committee							
۹.	Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt						
	Mailing Address 49-10 Scarborough Stree	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: SA11A1.7980						
	Freehold	NJ	07728	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Amalgamated Life Insurance	Occupation Sr. Vice I								
	Company Receipt For:		Year-to-Date ▼	-						
	Primary General			1						
	Other (specify)	0 0	320.00							
3.	Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt						
	Mailing Address 49-10 Scarborough Stree	et		08 16 2006						
	City	State	Zip Code	Transaction ID: SA11A1.8005						
	Freehold	NJ	07728	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer Amalgamated Life Insurance	Occupation								
	Company	Sr. Vice F		_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		340.00							
) .	Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt						
	Mailing Address 49-10 Scarborough Stree	et		08 30 7 9 9 9						
	City	State	Zip Code	Transaction ID: SA11A1.8057						
	Freehold	NJ	07728	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer Amalgamated Life Insurance	Occupation		\neg						
	Company	Sr. Vice I								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼							
	Other (specify)		360.00							
s	UBTOTAL of Receipts This Page (optional)			60.00						
	,									
T	OTAL This Period (last page this line number on	ly)	>							

Jeffrey Warbet

City

Freehold

Company

B. Jeffrey Warbet

Freehold

Company Receipt For:

Primary

City

Receipt For:

Primary

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer Amalgamated Life Insurance

Other (specify)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer Amalgamated Life Insurance

Other (specify)

Mailing Address 49-10 Scarborough Street

General

Mailing Address 49-10 Scarborough Street

General

NJ

C

NJ

C

Occupation

Sr. Vice President

Aggregate Year-to-Date ▼

400.00

PAGE 47 / 48 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Amalgamated Life Insurance Company Political Action Committee Date of Receipt 09 13 2006 State Zip Code Transaction ID: SA11A1.8031 07728 Amount of Each Receipt this Period 20.00 Occupation Sr. Vice President Aggregate Year-to-Date ▼ 380.00 Date of Receipt 09 27 2006 Transaction ID: SA11A1.8083 State Zip Code 07728 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)	•	40.00
TOTAL This Period (last page this line number only)	<u>,</u>	3199.00

SCHEDULE B (FEC Form 3X)

SCILEBOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		-OR LIN check o		BEK:		L P	AGE	48 / 4	8
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28		23 28b	24 28c		25 29	26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										3
NAME OF COMMITTEE (In Full)	and address of any political c	JUIIII	iillee lo s	SUILUIL UC	n ILI IDU	110115 110	om such	COIII	iiillee	
Amalgamated Life Insurance Company Po	litical Action Committee									
Full Name (Last, First, Middle Initial)							: SB23.8	3089		
Brown Brown For Attorney General						Disburse / D		y . y	· · · · ·	Y
Mailing Address 2633 Telegraph Avenue,	Suite 302			0	8 ^M	1	6 [/]	2	0 Ó 6	
City Oakland	State Zip Code CA 94612			An	nount (of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	070 04012		-						600.0	0
		L.								
Candidate Name			egory/ ype							
Office Sought: House Disburse	ment For: Primary General									
President	Other (specify)									
State: District:	·									
Full Name (Last, First, Middle Initial) Grist, Charlie Charlie Crist For Governor							SB23.8	3091		
Clist, Charlie Charlie Clist For Governor					1 M	Disburse / D	D /	ΥΥ	Y	Υ
Mailing Address 420 E. Jefferson Street				0	7	1	4	2	0 Ó 6	
City Tallahassee	State Zip Code FL 32301			An	nount (of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement		_		7 L		_			500.0	00
Candidate Name			egory/ ype							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial)				Tra	neac	tion ID:	SB23.8	รกดว		
Edwards, Donna Donna Edwards For Con	gress					Disburs		3033		
Mailing Address 3737 Branch Avenue				O	9 M	[/] DO	6 /	ž	0 Ď 6	Y
City Temple Hills	State Zip Code MD 20748			An	nount (of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	20740	_	-					5	5000.0	0
Candidate Name			egory/ ype							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)			. •					6	100.0	0
TOTAL This Period (last page this line number only)			. •				•	6	100.0	0
										_